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Country programme document

Turkmenistan

Summary

The country programme document (CPD) for Turkmenistan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,500,000 from regular resources, subject to the availability of funds, and $5,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by the Executive Board members on the draft CPD that was shared 12 weeks prior to the annual session of 2015.

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Programme rationale

1. Turkmenistan, an upper-middle-income country, has experienced sustained economic growth for over a decade, which resulted in greater fiscal space available for social development and for improving children's health, education and social protection. The Government is undertaking socio-economic reforms to improve living standards for all, providing a wide range of goods and services to the population, free of charge or at negligible cost. Social allowances have increased by up to 40-50 per cent since 2010. In total, 417,000 households (nearly 45 per cent of all households) received childcare allowances in 2012. According to the State Statistics Committee (SSC), more than 12,100 children up to age 16 received disability allowances in 2012. However, the impact of socio-economic progress has been uneven across the country: disparities persist, by rural-urban status, region, wealth quintile, gender and disability.

2. The Government has recently been commended for its willingness to strengthen its human rights record.[1] Turkmenistan has continued to ratify human rights instruments, and made considerable efforts to harmonize its legislation with international child rights standards. The country is a State party to the Convention on the Rights of the Child and its first two Optional Protocols,[2] to the Convention on the Elimination of All Forms of Discrimination against Women, and to the Convention on the Rights of Persons with Disabilities and its Optional Protocol. In 2015, Turkmenistan presented its combined second, third and fourth reports to the Committee on the Rights of the Child, as well as the initial report on implementation of the Convention on the Rights of Persons with Disabilities.

3. Turkmenistan has made progress toward creating an enabling environment for children, enacting new laws on Trafficking and Selling of People, Equality of Women, Education and Youth, and the Law on Child Rights Guarantees. In addition, the government has adopted several Codes governing child protection, including the Family Code and a new version of the Social Protection Code, which brought the age of marriage in line with that of the Convention on the Rights of the Child. The Penal Code, Criminal Procedure Code, and the Labour Code were also updated so that they would align with recommendations made by treaty bodies. A National Action Plan for Children is pending approval. The 2012 National Juvenile Justice Programme provides for juvenile justice processes that are more child-friendly. The processes, compliant with international child rights obligations, cover the prevention, rehabilitation and reintegration of juvenile offenders into communities, as well as the provision of welfare and rehabilitation services to children in juvenile detention facilities. At the same time they enhance coordination and monitoring systems.

4. Also important for the new country programme of cooperation are the National Early Childhood Development and School Readiness Programme 2011-2015, the National Nutrition Programme and Action Plan 2012-2016, the National HIV Programme 2012-2016, and the 2015-2019 National Strategy and Action Plan on Maternal, Neonatal, Child, and Adolescent Health.

[1] Human Rights Council (2013).

[2] Turkmenistan has yet to ratify the third Optional Protocol, on a communications procedure.

5. The National Early Childhood Development Programme, designed with UNICEF support, aims to improve the quality of health and education services for children aged 0-8, promote supportive parenting, increase the readiness of girls and boys for schooling, and strengthen the monitoring of progress towards these objectives. A determinant analysis with partners revealed that several bottlenecks had to be overcome for successful implementation of this programme. The following was needed: better integration across policies; more coordinated planning for young children among the Ministry of Health and Medical Industry, the Ministry of Education and the Ministry of Labour and Social Protection; improved quality of information systems and data across sectors; and strengthened national capacity to translate policy into practice.

6. Health services for children are widely available and accessible in the country. However, child mortality remains high: while the Government reported an infant mortality rate of 15 per 1,000 live births in 2011, the United Nations Inter-agency Group for Child Mortality Estimation (UNIGME) estimated the rate at 50 for the same year, and 47 for 2013.[3] Neonatal conditions (pneumonia, asphyxia, preterm birth and sepsis) continue to be among the main causes of infant mortality.[4] Total public expenditure on health was only 2 per cent[5] of gross domestic product in 2012, much less than in other countries of the region with similar economic development. Other areas for improvement are the knowledge and skills of medical staff, the quality of maternal and child care in health facilities, as well as the awareness of parents about important childcare practices. Turkmenistan is one of 60 countries in the Countdown to 2015 initiative to track maternal, newborn and child survival. A stronger focus on survival, health, nutrition and development is required, especially for remote and most disadvantaged populations.

7. Turkmenistan achieved universal salt iodization in 2004. UNICEF supports the Government in monitoring sustainability in this area. In addition, flour fortification is owned and fully financed by the Government, with UNICEF supporting its quality assurance. National efforts to address stunting, anaemia and vitamin A deficiency, however, have yet to yield results, especially in the most disadvantaged areas. Anaemia remains a serious public health issue, affecting 44 per cent of children 6-59 months old and 57 per cent of women of reproductive age. One in two children aged 6-59 months has vitamin A deficiency, which contributes to both child morbidity and mortality.[6]

8. In 2013, the number of years of compulsory education was increased from 10 to 12, with children entering school at age 6. According to the Ministry of Education, one in three children aged 3-5 was enrolled in kindergarten in 2013. As many as 81 per cent of preschools were located in urban areas, which tend to be more advantaged than rural areas. The Ministry is building new kindergartens, particularly in rural areas, to widen access to preschool education. UNICEF supports the establishment of inclusive alternatives in remote communities, such as Early Childhood Development centres, and helps to strengthen the capacity of parents to prepare their children for school through a network of counselling centres.

[3] UNIGME, Child Mortality estimates for 2012 and 2014.

[4] "Countdown to 2015: Maternal, Newborn and Child Survival report" (Turkmenistan, 2014)

[5] World Bank, World Development Indicators (2014).

[6] UNICEF Turkmenistan, National Nutrition Survey (2012).

9. For children with disabilities, several types of preschool services exist: special kindergartens or integrated groups in 'regular' kindergartens for children with hearing and visual impairments, speech difficulties, intellectual disabilities, and disorders of the musculoskeletal system.[7] In 2013, the Ministry made a significant effort to expand the access of 5-year-old girls and boys to pre-primary school readiness programmes. A review of the experience so far identified key determinants of success in pre-primary education that will need to be prioritized: policy guidance and regulatory frameworks, as well as providing teachers with strong skills enabling them to help to equalize learning opportunities and to support the social, emotional and cognitive development of children with disabilities.

10. At 97 per cent (2011), primary school enrolment[8] is very high, as are retention and completion rates for both boys and girls. Yet considerable barriers remain to achieving international standards of quality primary education: these include, especially, policy gaps and a dearth of trained teachers. One initiative to improve both quality and inclusiveness is Child-Friendly Schools (CFS). More than 100 schools already use the CFS certification package, which includes a comprehensive set of standards, indicators and school-based assessments. Despite these efforts to promote inclusive education, segregation of children with disabilities persists. One major challenge is that there are no data on the number of girls and boys with disabilities and on the numbers of children with disabilities attending mainstream schools.

11. The issue of disability is becoming more visible in Turkmenistan. Still, children with disabilities face unequal opportunities to develop to their full potential. Considerable barriers prevent them from accessing services tailored to their needs and mainstream education and learning. Moreover, these children commonly suffer from formal institutionalization or "institutionalization at home". Children with disabilities, who comprise less than 5 per cent of the general population, are overrepresented in the infant home population, where they make up 36 per cent of residents.[9] Often, this institutionalization begins from birth. A recent study,[10] for example, found that over half of 189 very young children who were residents in four infant homes in September 2013 had been sent directly from maternity hospitals. Institutionalization is due to a number of factors, including social stigma, discrimination, inadequate services–which tend to segregate children with disabilities–lack of appropriate support in the community, physical challenges and the use of a medical model to assess disabilities, rather than the bio-psychosocial model based on the International Classification of Functioning, Disability and Health of the World Health Organization.

12. Despite a notable increase in research and surveys on children with disabilities and other issues, including efforts undertaken with international cooperation, Turkmenistan has yet to establish an adequate data collection system that would allow disaggregation and analysis of the various areas of child rights, as

[7] Turkmenistan, Initial State party report to the Committee on the Rights of the Child (2005).

[8] United Nations Turkmenistan, Data assessment for the Millennium Development Goals Report (2014).

[9] Ibid.

[10] UNICEF Turkmenistan, Study on Preventing Institutionalization of Children Aged 0-3 Years (2014).

recommended by the Committee on the Rights of the Child in its 2015 Concluding Observations.

13. Turkmenistan is extremely vulnerable to earthquakes, drought, flash floods, mudslides, strong winds, sand storms, and hail. Ashgabat City in 1948 was destroyed by an earthquake, which killed an estimated 176,000 people. Disaster preparedness and risk reduction focus on the paramount concern of safe and disaster-sensitive infrastructure.

Programme priorities and partnerships

14. Lessons learned supported by national research[11] point to areas that require further efforts: harmonizing laws, policies and national action plans, both internally and with international normative instruments; strengthening national systems capacity in implementation of laws and programmes benefiting children; supporting the greater availability and use of quality data in decision-making, as well as developing reliable systems to monitor progress towards achieving national goals for children.

15. The goal of the programme of cooperation is to support the Government to accelerate the universal realization of child rights through aligning its legal framework, policies and practices for children with international standards and best practices. In keeping with principles of the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, the rights of young children and children with disabilities to survive, develop, be protected and participate will be central. The partnership will strive to strengthen accountability mechanisms, raise awareness about child rights, and improve data collection and analysis, leading to better national planning and budgeting. It is expected that the Government will continue to increase its investments in programmes benefiting children and this programme of cooperation will assist in identifying the most urgent priorities in reducing equity gaps for children.

16. Aligned with the UNICEF Strategic Plan, 2014-2017, the country programme will address key bottlenecks in the realization of children's rights to quality inclusive health, education and family life by focusing on the following strategies: (a) mainstreaming the best interests of the child into national policies and practices; (b) facilitating a shift in social norms and a change in attitudes, values and behaviours affecting the lives of vulnerable children; (c) developing sector strategies related to the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities and other human rights treaty obligations; (d) supporting the translation of policies into concrete actions through the introduction of tailored, replicable, inclusive and Government-funded social services and programmes, in particular, for vulnerable children and families; (e) sharing best practices on effective ways to close equity gaps and achieve gender equality; and (f) building partnerships with social sectors, Parliament and civil society around the children's equity agenda.

17. The country programme is guided by national priorities for children embodied in the legal and policy framework for children's rights. In addition to the new laws and codes mentioned above, this framework includes the National Programme for

[11] United Nations, Common Country Assessment for Turkmenistan (Ashgabat, 2013).

Socio-economic Development (NPSD) 2011-2030, and National Programme on Development of Social and Living Conditions of Residents of Villages, Communities, Towns and Regional Centres (NPDSLC) 2010-2020. The country programme also contributes to the five-year development programmes for each social sector, the comprehensive Education Sector Reform and the National Action Plan for Children. The country programme's strategic intent is aligned with the post-2015 sustainable development agenda and will contribute to achievement of the Sustainable Development Goals.

18. Greater attention needs to be paid to the quality of health and education services, especially for children with disabilities and their families. In child protection, more progress is needed regarding children in institutions and children with disabilities. The evaluation of the CFS initiative[12] highlighted that inclusion of children with disabilities in mainstream education and improving education quality in Turkmenistan require much work in order to meet international standards, norms and commitments.

19. The country programme of cooperation will focus on supporting public policies and systems that will benefit children in institutions and at the same time engage civil society on issues that are not yet well publicized: violence, abuse and neglect at home, in the school and within the community. The programme will strive to build independent complaint mechanisms and child rights monitoring. The child protection system will strengthen its capacity for assessment, prevention and monitoring. The treatment of children in conflict with the law, especially those in pre-trial and penal detention, will be brought in line with international practice.[13] Disaster Risk Reduction (DRR) will remain a national priority and will include nationwide school safety assessment.

20. The programme of cooperation encompasses four strategic components, which are interconnected: (a) young child survival and well-being, (b) quality and inclusive early learning, (c) reducing social inequities, and (d) partnerships for child rights. The programme's main thrust – "equity from the start" – will require work across government systems to ensure quality and continuity of services. It will support policies and practices that promote health, responsive parenting, and early learning and development starting from birth and extending through the transition to school. It will help national partners to develop and strengthen inclusive and targeted services (such as early intervention and developmental paediatrics for children with disabilities) by integrating these services into existing healthcare, education and social protection systems.

21. The programme will contribute to building appropriate linkages and referrals among public administration systems and support the development of multi-disciplinary professional expertise in early childhood health, care and development, in early learning, and in child protection. To achieve this the programme will contribute to helping government sectors to work in a more coordinated manner and to share responsibility for common results. Therefore, the four components of the Country Programme are interconnected and have a special focus on young children and children with disabilities.

[12] Karen Munce, "Turkmenistan Child Friendly-School Initiative: Evaluation report" (Government of Turkmenistan and UNICEF, 2014).

[13] UNICEF Turkmenistan, Study on Strengthening the Social Protection System for Children (2013)

Young child survival and well-being

22. Based on the results of the previous programme of cooperation, this component will contribute to increasing equitable access to quality health care services, establishing a system to identify and respond to risks of developmental delays and disabilities in children, and ensuring a continuum of care for children and their families, especially for children living in remote rural areas and children with developmental difficulties and disabilities. Impact results are expected in terms of a reduction in infant mortality.

23. To work towards the avoidance of preventable deaths in early childhood, the programme will address equity gaps in quality of care by strengthening management capacities and quality improvement mechanisms, with particular focus on perinatal/neonatal care services. An assessment by UNICEF and the Ministry of Health and Medical Industry showed that the home visitation system can be effective in providing a universal package of health promotion and prevention services to all pregnant women and families with young children, and ensure a continuum of care from pre-pregnancy through the first three years of a young child's life. Primary healthcare services, including home visitation/outreach programmes, will be optimized as an important channel to promote better parenting knowledge and skills, with a strong focus on essential care during pregnancy and childcare, adequate nutrition, and young child survival, health, growth and development.

24. The programme will contribute to addressing malnutrition through promoting exclusive breastfeeding and timely and age-appropriate complementary feeding practices. By promoting micronutrient fortification and supplementation programmes, this component will strengthen the health system's capacity for service delivery at the primary health care level and community-based care for the prevention of malnutrition in children, especially vitamin A deficiency and anaemia.

25. The programme component will aim to help partners to fill equity gaps in services that identify children whose well-being is at significant risk of developmental delays. It will support the introduction of developmental paediatrics and early intervention services into the health system, linking these services to education and social protection services. It will help to build national capacity for early identification, assessment, and planning, monitoring and multi-disciplinary cooperation. This will include the introduction of the International Classification of Functioning, Disability and Health for Children and Youth.

26. Through work with partners, the programme will aim to ensure effective vaccine management to sustain high immunization rates as well as to introduce new vaccines. UNICEF will offer procurement services for Government-funded vaccines.

Quality and inclusive early learning

27. This component will promote access to, and quality of, early learning for all children by supporting the efforts of the Ministry of Education to expand child-friendly principles to preschool and primary education and learning. This will include designing standards to ensure the inclusion of children with disabilities,

child-centred and participatory learning environments, application of relevant, play-based and age-appropriate teaching methods, as well as the implementation and monitoring of standards. In line with the goal of establishing the National ECD Programme, this component will support modelling of innovative and replicable forms of inclusive preschool and pre-primary education and learning. It will contribute to the development of school readiness standards, the updating of preschool and pre-primary curricula, the establishment of teacher qualification requirements, and to the design of child-friendly guidelines for comprehensive assessments of early learning achievements and school readiness.

28. The component will elaborate national policy on inclusive education in line with the inclusive education road map developed in 2014. It will help to design a capacity-building strategy to equip preschool and primary school teachers with competencies and skills to deliver inclusive education, and will update the training curricula for teachers through the introduction of flexible teaching and learning methods adapted to different needs and learning styles. UNICEF will support the Ministry of Education to generate data on children with disabilities and their participation in mainstream education, and will continue the dialogue begun with partners on inclusion of all children in education. Communication for social change will address segregation-based attitudes and beliefs and promote a wider societal acceptance of children with disabilities.

29. The programme will also foster preparedness through the scaling up of successful disaster risk reduction programmatic interventions to preschools and schools, with a focus on safe and disaster-sensitive infrastructure, accessibility of schools and classrooms, and developing the capacity of management, teachers, children and parents through life-saving knowledge and skills.

Reducing social inequities

30. This component seeks to promote the right of children to live without violence, abuse and neglect and thrive in a safe and nurturing family environment. Building on research[14] that identified equity gaps in the provision of social protection, the programme will support the Ministry of Health and Medical Industry, the Ministry of Education and the Ministry of Labour and Social Protection to coordinate their efforts in strengthening families in their childcare roles, and enhancing access to essential and support services for the most vulnerable children, with a special focus on children with disabilities. The programme will address underlying gaps and bottlenecks by fostering social work expertise and incorporating child protective standards in health and education. The programme will review existing regulatory frameworks, legal acts, policies and budgets with the aim of increasing national investment in support of vulnerable children. It will also assist the State Statistics Committee and line ministries to collect and analyse disaggregated data on children with disabilities.

31. As an alternative to segregation and institutionalization, including 'silent institutionalization' of children with disabilities at home, the programme will

[14] UNICEF Turkmenistan, Studies on Preventing Institutionalization of Children 0-3 Years of Age and on Impact of Cash, Non-Cash Transfers and Benefit Programmes for Families with Children (2014).

establish support services for disadvantaged children and their families; community-based support services that deal with violence, abuse, and neglect; and referral systems and services to ensure that social sectors address age- and gender-specific risks and vulnerabilities of children. At the same time, the programme will enhance the knowledge and skills of existing health, education and social workers in line with standards to be established, so as to fill the gap in provision of services for disadvantaged populations, including children with disabilities, children at risk of institutionalization and children in conflict with the law.

32. The establishment of child and family support services will require addressing policy gaps. Efforts, therefore, will be made to work with partners in developing the following: regulations to guide the delivery of these new services; amendments to existing laws on health, education; and new laws and policies on the rights of persons with disabilities, with a focus on children. In line with recent policy consultations on the realization of the rights of children with disabilities,[15] the programme will incorporate and translate into action the definition of disability put forth in the Convention on the Rights of Persons with Disabilities. The programme will assess the current child protection system, including roles and accountabilities of concerned public agencies in the realization and monitoring of child rights. UNICEF will facilitate access to the best international knowledge and practice for children, convening stakeholders and fostering dialogue about child protection and social protection systems for disadvantaged children and their families.

33. To monitor and identify systemic, cultural and attitudinal bottlenecks limiting the opportunities of vulnerable children, in particular children with disabilities, the programme will enhance the capacity of statistical, health, education and social protection agencies to monitor and report in a transparent manner on child rights and on the recommendations and concluding observations of relevant treaty bodies. It will strengthen the collection of disaggregated data, aligning efforts with global standards on data access and dissemination.

Partnerships for child rights

34. The component will focus on promoting effective partnerships with multilateral, public and non-State actors. Building on well-established cooperation with the Government, UNICEF will forge stronger cooperation with the Ministry of Finance and the Ministry of Economy and Development to leverage more public investment for children. The programme will also seek greater engagement of civil society in child rights promotion and realization. Partnerships will be strengthened with knowledge institutions, academia and education institutions for knowledge production and exchange, both inside the country and beyond its borders. Cooperation will be further explored to find effective modalities for knowledge exchange with other countries pursuing results for children.

35. The programme will enhance cooperation with resident and non-resident United Nations agencies, funds and programmes to achieve joint results under the Partnership Framework for Development 2016-2020, and will seek new ways to collaborate with the European Union in inclusive education; advocate with the

[15] Policy consultation with line ministries, civil society, academia and international experts on recommendations on the rights of children with disabilities, Turkmenistan (2012).

Word Bank on child-centred public finance management; and collaborate with the United States Agency for International Development and the Turkish International Cooperation Agency in decreasing IMR.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regula resource	*Othe resource*	*Total*
Young child survival and well-being	1 10	1 700	2 800
Quality and inclusive early learning	1 10	1 700	2 800
Reducing social inequities	1 60	2 100	3 700
Partnerships for child rights	70	0	700
Total	**4 50**	**5 500**	**10 000**

Programme and risk management

36. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

37. During programme implementation, the country office will aim to verify the UNICEF Theory of Change hypotheses and related assumptions through regular programme reviews and the application of results-based management. The identified risks that could endanger the achievement of programme results will be monitored, and mitigation measures implemented. The programme will also have a specific component – DRR – as one of the cost-effective development interventions to save and protect lives of children in times of natural disasters.

Monitoring and evaluation

38. The programme will measure progress in the realization of child rights, emphasizing disadvantaged groups, including children with disabilities, and gender disparities. The successful practice of participatory research will continue to strengthen national capacity in data collection, analysis and response actions. A special focus will be on the comparability of national and internationally validated data and on the quality, accessibility and use of data. This will be achieved through innovative data collection and quality management tools to assess results of the programme of cooperation. Particular attention will paid to following up on the analysis of the data from 2014-2015 studies on the situation of children with disabilities and on services that respond to their needs. The programme will thus contribute to addressing current gaps in the availability of data on child rights in Turkmenistan.

39. Two joint evaluations will be undertaken to track progress on two programme components: (a) effectiveness of home visiting, which will also assess progress in the implementation of the national policy on neonatal, child and adolescent health, and (b) the access of young children, including children with disabilities, to quality early learning, which will contribute to tracking progress related to the national policy on ECD and school readiness.

Annex

Results and resources framework

Government of Turkmenistan -UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child articles: 2, 4, 5, 6, 9, 12, 13, 17, 18, 19, 20, 21, 23, 24, 26, 27, 28, 29, 32, 36, 39, 40
National priorities: SDGs 3, 4, 5, 6, 16, 17, Turkmenistan's Constitution, Law on Guarantees of the Rights of the Child (2014), National Strategic Plan for Turkmenistan (2011-2030), National Programme on Development of Social and Living Conditions of Residents of Villages, Communities, Towns and Regional Centres (2010-2020), National Plan of Action for Children (2016-2020), National Strategy and Action Plan on Maternal, Newborn, Child and Adolescent Health (2015-2019), National Programme on ECD and School Readiness (2011-2015), National Nutrition Programme and Action Plan (2012-2016), National HIV Programme (2012-2016)

United Nations Partnership Framework for Development outcomes involving UNICEF:

1. Quality data, aligned with international standards, is available to policy makers, legislators, and the interested public to monitor the major goals of National Programmes, the post-2015 SDGs, United Nations Partnership Framework for Development, and to formulate new national strategies and programmes

Indicators

1.1. % of the recommendations from the adapted Global Assessment of the National Statistical System implemented
1.2. Number of sectors that have developed sector plans and established a system to monitor progress
1.3. SDG targets adopted and incorporated into national strategies and sector plans
1.4. Availability of a nationalized SDG monitoring and reporting system in keeping with international standards

2. Preschool, primary and secondary education services are of higher quality, in line with international standards, and with priority given to inclusive education

Indicators

2.1. % of five year old girls and boys enroled in pre-primary education
2.2. % of secondary (including primary) schools that implement quality and inclusive education standards
2.4. Availability of gender- and age-disaggregated data to track access to education of girls and boys, including children with disabilities (CWD)

3. The social protection system is ready to provide inclusive quality communitybased support services

Indicators

3.1. Coverage of social protection systems, disaggregated by sex, age, rural/urban and at-risk groups
3.2. Availability of inclusive community-based support services compliant with international standards
3.3. % of population (disaggregated by residence, age, sex, and disability status) with knowledge of where and how to access community-based social services

4. The people of Turkmenistan, especially vulnerable groups, enjoy better coverage of quality health care services focusing on women and child health, nutrition, non-communicable diseases, tuberculosis and multiple drug-resistant tuberculosis, early detection and prevention (MDRTB) (*Focus: young children, children with developmental delays, MDRTB patients, young people, pregnant and lactating women, reproductive-age women, and migrants)

Indicators

4.1. U5 mortality rate by 2020

4.4. % of maternity facilities providing comprehensive emergency obstetric and neonatal care in line with adopted clinical protocols

6. The national policy, legislative and institutional frameworks are responsive to climate change issues by promoting climate resilience, adaptation, climate risk management and disaster risk reduction measures at sector and community level

Indicators

6.3. Availability of DRR and Climate Risk Management (CRM)/adaptation legal instruments approved and under implementation with appropriate financial and technical arrangements, and quality sector plans developed and initiated that have DRR/CRM adaptation practices, include gender aspects and appropriate DRR cross-sector coordination mechanisms included

8. State institutions implement and monitor laws, national programmes and strategies in a participatory manner in line with the country's human rights commitments

Indicators

8.1. Number of the new laws and amendments that are gender-sensitive and developed in line with United Nations human rights standards

8.2. Number of human rights national plans approved and percentage of actions implemented

8.3. Number of civil society development bodies representing women, youth, children and persons with disabilities participating in the design and implementation of national and sector programmes

Related UNICEF Strategic Plan, 2014-2017, outcomes: 1, 3, 4, 5, 6, 7 (Health, Water, Sanitation and Hygiene, Nutrition, Education, Child Protection, Social Inclusion)

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome (in thousands of US$)		
Young child survival and well-being							
1. By end-2020, all children, including children with developmental difficulties, have access to quality health services to ensure child survival, health and better developmental outcomes	**Indicator**: % of maternity facilities following updated protocols on neonatal care, including early identification of developmental difficulties in children, principles of the Baby-Friendly Hospital Initiative (BFHI) and infection prevention **Baseline:** 0%, 2015 **Target:** 70%, 2020	Public health policy documents; regular monitoring reports, including lot quality assurance sampling (LQAS) collected data	By end-2017, National policy on early intervention services/ developmental paediatrics and related clinical protocols adopted in line with international standards By end-2019, the health system regularly assesses implementation of adopted protocols on neonatal care, home visiting, infection control and BFHI principles to ensure quality of care	Ministry of Health and Medical Industry (MoHMI), sector ministries, Medical University, Medical colleges, Maternal and Child Health Centre, National Inter-agency	**RR** 1 100	**OR** 1 700	**Total** 2 800
	Indicator: Proportion of	Regular	By end-2019, evaluation of				

	Primary Health Care facilities that offer updated home visiting services aligned with regional standards **Baseline:** 0%, 2015 **Target:** 50%, 2020	monitoring reports, including LQAS collected data	home visiting services is conducted to measure progress against the 2012 baseline assessment	Coordination Committee, UNICEF, WHO, UNFPA			
	Indicator:% of mothers of children U5 who know and practice supportive care for survival, growth and development **Baseline**: TBD, Facts for Life-based Knowledge, Attitude and Practice (KAP) survey, 2015 **Target:** TBD, to be measured by KAP, 2019	KAP survey	By end-2019, all home visiting professionals provide parental education on child health, nutrition and development to all pregnant women and families of children U5				
Quality and inclusive early development							
2. By end-2020, young children aged 3-8, including the most disadvantaged, benefit from preschool and primary education	**Indicator:** % of five year old girls and boys enrolled in pre-primary education **Baseline:** 33,5% (54% boys; 46 girls), State Statistics Committee (SSC) 2012 **Target:** 80% for boys and girls, 2020	Reports of SSC/Ministry of Education (MoE)	By end-2017, school readiness standards, child-friendly measurement tools and curriculum for pre-primary learning are ready for use	MoE, National Institute of Education, SSC, local education authorities	**RR** 1 100	**OR** 1 700	**Total** 2 800
	Indicator: Availability of child-friendly measurement tools to assess school readiness **Baseline:** Measurement tools not available, 2014 **Target:** measurement tools available, 2017	MoE order/regulation on standards of school readiness	By end-2017, training/retraining programmes for pre-school, primary and secondary school specialists are improved in line with international quality and inclusive education standards By end-2018, new forms of	Teacher training colleges and higher education establishments, MoHMI, Ministry of Finance (MoF), civil society			

			preschool education services are modelled in two selected locations, assessed and documented	organizations (CSOs)			
	Indicator: % of schools meeting international quality and inclusive education standards **Baseline:** 5.5 %, 2014 **Target:** 30% , 2020	Reports on certification of schools for Child-Friendly Schools (CFS) status	By end-2019, CFS evaluation to assess implementation of quality and inclusive standards in primary education is conducted By end-2020, the Government has a national policy on inclusive education	MoE, National Institute of Education, SSC, local education authorities, UNFPA			
	Indicator: % of schools and kindergartens assessed for compliance with DRR safety standards **Baseline:** (1,800 schools) None assessed, 2014 **Target**: 20%, 2020 **Baseline:** 860 kindergartens, none assessed, 2014 **Target:** 20%, 2020	MoE and school reports	By end-2017, procedures on assessment of preschools and schools are developed and tested in pilot preschools/schools By end-2020, the Government has capacity to assess preschools/schools for safety	Ministry of Defence, National Red Crescent Society, Ministry of Construction Ministry of Economy and Development, MoF, MoHMI, local education authorities			
Reducing social inequities							
3.1. By end-2020, the social protection system is ready to provide inclusive quality community-based support services	**Indicator:** Availability of a conceptual policy framework on social work (Y/N) **Baseline:** Policy is not available **Target:** An endorsed policy framework, 2020	Ministry of Labour and Social Protection (MoLSP) reports, Journal of Parliament Programme	By end-2017, a conceptual policy framework for social services is developed targeting disadvantaged groups, including CWD	MoLSP, MoE, MoHMI, local executive authorities, MoF, CSOs, academia	1 600	2 100	3 700

		reports and documentation of social support services modelled with UNICEF support						
	Indicator: Availability of inclusive community-based support services compliant with international standards (Y/N) **Baseline:** Community based services are not available **Target:** Services available in all five *velayats* (provinces) capitals and Ashgabat, 2020		By end-2019, a law on support services to vulnerable groups of children and families is developed By end-2019, a draft law on a State social order (contract arrangement for the delivery of social services) is drafted					
	Indicator: % of population (disaggregated by residence, age, sex, and disability status) who have knowledge of where and how to access community-based social services **Baseline:** TBD, 2018 KAP **Target:** TBD, to be measured by 2020 KAP		By end-2020, social support services are modeled in 2 selected locations, assessed, documented					
3.2. By end-2020, state institutions have strengthened participatory	**Indicator:** Availability of national sex-disaggregated data on child rights realization,	Reports on implementation of National Plan of Action	By end-2017, a system of indicators to collect and monitor disaggregated data on child rights realization to assess	National Institute of Democracy and Human Rights,				

systems to implement and monitor laws, national programmes, and strategies, including human rights	including data on CWD **Baseline:** 2007 national report on situation of children in Turkmenistan based on 2006 Multiple Indicator Cluster Survey (MICS) **Target:** 2018 and 2020 national reports on situation of children (including sex disaggregated data on CWD)	for Children (NPAC), 2016-2020, MICS, Statistical year books, Journal of Parliament	NPAC implementation is developed By end-2018, disaggregated data on CWD is regularly collected and disseminated to inform alignment of legislation and policy decisions in the best interests of CWD	*Mejlis*, Ministry of Justice, MoE, SSC, social sector ministries, local authorities, media, local NGOs			
	Indicator: Number of new laws and amendments that address recommendations of the Committee on the Rights of the Child and Committee on the Rights of Persons with Disabilities **Baseline:** 1 (2014 Law on Guarantees of the Rights of the Child) **Target:** Updated laws on education and on healthcare, and a new law on persons with disabilities aligned with the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, 2020	Publication of laws in media	By end-2019, national legislation is aligned with principles of the Convention on the Rights of the Child, focusing on realization of the rights of CWD (3 laws)				
	Indicator: Proportion of schoolchildren 12-16 years old, disaggregated	KAP report on child rights knowledge	By end-2020, awareness of children, caregivers and decision makers on child rights				

	by sex, who are aware of and know about application of child rights principles, including the rights of CWD **Baseline**: TBD, 2016 KAP **Target:** TBD, to be measured by 2018 KAP	Reports from consultations with children on child rights	is increased through effective advocacy and communication				
Partnerships for child rights							
4. By end-2020, partnerships are strengthened with United Nations agencies, multilateral organizations and the public sector for greater investment in the realization of child rights	**Indicator:** Size and trend in public funding for country programme results areas benefiting disadvantaged children **Baseline** and **Target to be established 2016**	Annual reports on programme budget implementation	The Government increasingly incorporates country programme results areas benefiting disadvantaged children in midterm strategic planning and budgeting	Government, UN, CSOs,	**RR** 700	**OR** 0	**Total** 700
Total:					**4 500**	**5 500**	**10 000**